Hike in Subscription rates of C.G.H.S. Beneficiaries

2665. SHRI O. P. KOHLI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the subscription rates for the C.G.H.S. beneficiaries have been increased enormously;

(b) if so, the details thereof; and

(c) the reasons as to why such a steep hike in the rates of subscription has been made?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) to (c) The rates of CGHS subscription have been enhanced with effect from 1.5.98 on the recommendation of the 5th Central Pay Commission, as indicated below:

Pay Range	Subcription
(Rupees per month)	(Rupces per month)
Upto Rs. 3,000	15
Rs. 3,001 to 6,000	40
Rs. 6,001 to 10,000	70
Rs. 10,001 to 15,000	100
Rs. 15,001 and above	150

Keeping in view the revised pay scales of the Government servants, the enhanced CGHS subscription is not high.

Medical Colleges at Rajkot, Bhuj, Bhavnagar and Surenderanagar

2666. SHRI ANANTRAY DEVSHANKER DAVE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal for opening medical collages at Rajkot, Bhuj, Bhavnagar and Surcndranagar in Gujarat State;

(b) whether it is a fact that the State Government of Gujarat has also sent proposals in this regard; and

(c) if so, the present status thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) to (c) On the proposals submitted by the Government of Gujarat, permission of the Central Government has already been accorded under Section 10(A) of IMC Act in 1995 for the establishment of two new medical colleges in the State, one at Rajkot and another at Bhavnagar. Further, a proposal was also received from Saurashtra Medical Centre, Surendarnagar for establishment of a new medical college at Surendarnagar. The proposal was found incomplete in terms of qualifying criteria and was returned to the applicant on 16.6.98. No formal proposal has been received either from State Government or private Society/Trust for establishment of a new medical college at Bhuj.

Iodised Salt

2667. SHRI RAJUBHAI A. PARMAR:
SHRIMATI VEENA VERMA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that with the advent of iodised salt as a part of the campaign for prevention of goitra and other diseases arising from lack of iodine supply as an essential ingredient for human nutrition, a large number of small producers of salt have been thrown out of employment;

(b) if so, the total number of persons traditionally engaged in production of salt on sea shores who have been thrown out of job; and

(c) whether any schemes have been drawn out and implemented for providing alternative gainful employment in salt factories or otherwise; if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) No, Sir. With the advent of iodised salt as a part of the campaign for

prevention of goitre and other diseases arising from lack of iodine, as an essential ingredient for human nutrition, the small producers of salt have not been thrown out of employment. In fact, iod-isation of salt has created additional employment for the workers.

(b) Does not arise.

(c) Does not arise.

Condition of Delhi Hospitals

2668. SHRI P. PRABHAKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that raccntly he made some unannounced visits to some of the Government hospitals in Delhi;

(b) if so, the condition in which he found these hospitals in regard to cleanliness, maintenance of buildings and equipment availability of drugs and the patient care by the doctors and nurses; and

(c) what steps arc proposed to be taken to tone up the dctciioraling standards of the hospital services?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) Yes, Sir. Hon'ble Minister visited Safdarjang Hospital.

(b) he found certain dificicncics in the Hospital.

(c) Corrective steps taken by the Medical Superintendent, Safdarjung Hospital include:—

(1) Barbed wire in from of Casualty is being replaced with an Iron Grill;

(2) Condemnation of Unserviceable itcms-vchiclcs is in process;

(3) Construction of covered shed for parking Hospital Vehicles; in process;

(4) CPWD has been asked to clear all rubble, maintain all toilets, keep drainage lines clean, prevent collection of water from their plants, clear sewer blockages, re-move all drooping telephone/electrical wires and fix them properly and proper maintenance of all taps' coolers lights;

(5) NDMC has been asked to clear non-hazardous Hospital Waste daily;

(6) NDMC has been requested to restore full water supply;

(7) Trolleys have now been kept free for the use of patients.

(8) Steps are being taken for segregation of hospital waste and disposal of waste in incinerators;

In additonal strengthening of the existing Emergency and Casuality Services and setting up of an Arthoscopy and Sports Injury Clinic at the Hospital have been approved by Expenditure Finance CommitteaStanding Finance Committee. Government have also approved the construction of O.P.D. Phase III (Right & Left Wing) during Ninth Five Year Plan;

130 posts of various categories have been sanctioned for Burns Ward to overcome the shortage of manpower.

Powers of Chief Nursing Officer in AIIMS

2669. SHRI CO. POULOSE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the powers of Chief Nursing Officer and Chief of Centres in AIIMS have been clearly defined;

(b) if so, the details thereof;

(c) whether the powers are strictly followed; and

(d) the reasons for several posts of nurses lying vacant since last two years?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZH1LMALAI): (a) Yes, Sir.

(b) The Chiefs of Centres enjoy powers of the Director, AIIMS except statutory and disciplinary powers as delegated under Regulation 33 of AIIMS Regulations 1958. The Chiefs are